

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
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7	1					
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TOTAL NO.	3					
TOTAL OFF.	14					
TOTAL	17					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
TOTAL OFF.						
TOTAL						